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RURAL DISTRICT OF MERE & TISBURY



Annual Report

of

The Medical Officer of Health

incorporating

The Report

of

The Chief Public Health Inspector



FOR THE YEAR 1958

RURAL DISTRICT OF MERE AND TISBURY

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

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THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

For the Year 1958

RURAL DISTRICT OF MERE AND TISBURY
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
INCORPORATING THE REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1958

To the Chairman and Councillors of the Rural District of Mere and Tisbury.

I have the honour to present the Annual Report on the public health of the District during 1958.

The Report of the Chief Public Health Inspector, Mr. H. Sharratt, is incorporated, and provides detailed information in regard to environmental public health in the District.

I wish to record my appreciation of the assistance and co-operation of the staff of the Public Health Department and of my colleagues in other departments of the Council. I would particularly like to record my gratitude to appreciation of the work of the retiring Chief Public Health Inspector, Major T. A. Brown. He has been a fine colleague, and I am glad he is continuing to reside locally. I also thank most gratefully my colleagues, the local General Medical Practitioners and Health Visitors for their invaluable and friendly co-operation.

I have the honour to be,
Your obedient Servant,

F. JOHN G. LISHMAN

Medical Officer of Health.

6th August, 1959.

PREFACE

In regard to my last year's Annual Report, an opinion was expressed, when it was presented, that certain sections or comments were unsuitable. It may be as well, therefore, to clarify the range of comment which a Medical Officer of Health should make.

It is clear, from Section VIII of Part II of the Annual Report of the Ministry of Health for 1957, that something very much more than the bare statutory minimum requirements is desired by the Ministry, and that there should be more comment, upon the statistics and the findings and opinions of the public health workers in the area, during the year. Most Medical Officers of Health will join me in agreeing with this guide from the Ministry.

The following passage from the above-mentioned Annual Report of the Ministry of Health is quoted, because it re-defines man's environment. Environmental Public Health is still the basis of all Public Health, and as the Report says, all aspects referred to in the quoted explanation should rightly be the subject of comment in an Annual Report of a Medical Officer of Health.

"Public Health administration has advanced far beyond the formidable problems of the pioneer sanitarians. For the business of preventive medicine, in these days, is 'concerned with conditions which surround a man from infancy to old age, and include the forces of nature, climate, his house, his workshop, the human society in which he moves, his social, economic and domestic circumstances, his food and drink, his habits, the strains and stresses of his life, the parasites and poisons, the agents of infection. All these are his environment.' "

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report:

1. In the "Vital Statistics" Section :-

The "adjusted" general death rate of 8.8 per 1,000 is slightly higher than for last year, but lower than the rate for England and Wales. Over half of it was due to diseases of the heart or circulation.

The "nil" maternal mortality rate.

The infant mortality rate of 26.3 per 1,000 live births, much higher than last year's exceptional rate of 6.2, but near the National Rate of 22.5.

The tuberculosis mortality rate of only 0.09 per 1,000.

2. In the "Communicable Disease" Section :-

The District was generally fortunate in having a general low incidence of notifiable communicable diseases, except for measles and pneumonia. The ^{respiratory} tuberculosis notification rate fell from 0.5 per 1,000 last year to 0.25 per 1,000 (3 cases only, ~~all~~ respiratory).

Preventative "immunisation" of children against diphtheria and whooping cough and against smallpox still falls short of the desired extent, though there is a considerable improvement. Immunisation against Poliomyelitis has continued on an increasing scale.

3. In the "Environmental Public Health and Food" Section :-

Comments on the water supplies and on the progress of the Comprehensive Water Scheme are made, also notes about deficiencies in sewage disposal arrangements in Mere and East Knoyle and lack of suitable drainage or sewage disposal in other parts. The desirability of an adequate fluoride content in drinking water is again referred to, to safeguard dental enamel.

In Housing, in spite of the substantial amount of work done by the Council in finding Council Houses, there is still a real need for more housing accommodation for people at present without their own accommodation, or to replace those who are now living in worn out or insanitary buildings in the "condemned" class. But the number of families on the waiting list for housing by the Authority decreased during the year from 216 to 160. Yet the need to conserve every acre of good agricultural land is increasingly paramount for the health and welfare of this country.

It is to be hoped that the restoration of Improvement Grants towards the end of the year will enable this Council to reassume next year the paramount position it occupied among Wiltshire Rural District Councils prior to 1958.

THE MAIN PUBLIC HEALTH NEEDS IN A NUTSHELL

1. More Homes, with the minimum encroachment upon agricultural land.
2. Enrichment of fluoride-weak drinking water supplies, to enable teeth to grow healthy and be durable.
3. Completion of comprehensive main water supply scheme to all parishes.
4. Better sewerage for Mere.
5. Less tobacco smoking.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health: F. J. G. LISHMAN, M.D. (Hygiene), B.S. (London), D.P.H. (London), L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C. (Canada).

Address: Office - 26 Endless Street, Salisbury (Tel. 5201)

Residence: "Over-the-Hill", Berwick St. James. (Tel. Stapleford 269)

Chief Public Health Inspector: Major T. A. BROWN, M.A.P.H.I. (Resigned November 1958)

H. SHARRATT, M.A.P.H.I. (As from November 1958)

Public Health Inspector J. C. PICKUP, M.A.P.H.I.

Technical Assistant J. W. CROWTHER

Clerk: (Mere Office): Mrs. J.M. LAMPARD

Clerk: (Salisbury Office M.O.H.): Miss G. PARSONS

The Medical Officer of Health also holds appointments as Medical Officer of Health for the Salisbury and Wilton Rural District, and for the Borough of Wilton, and, under arrangements made in 1954, acts as Assistant County Medical Officer for the Wiltshire County Council. (Approximately two elevenths of the Salary for the Joint appointment is allocated to the Mere and Tisbury Rural District Council.)

The Public Health Inspectors also hold appointments as Surveyors, 84% of time being allocated to Public Health Inspectors' duties.

GENERAL ADMINISTRATION DURING THE YEAR

There is nothing to add to the observations made under this section in my Report for 1957.

GENERAL STATISTICS

Number of Parishes	.. .. .	26
Area in Acres	.. .. .	71,319

Population, 1951 Census	11,450
Population, Registrar General's Estimate for mid Year ..	11,190
Density of population - people per acre	0.16
Number of inhabited houses or flats	3,740
Number of applications for Council Housing at end of the year, on waiting list ..	166
Rateable Value	£95,508
Product of a penny rate (31.3.1958)	£376. 6. 0.

VITAL STATISTICS

In accordance with the request of the Ministry of Health (Circular 22/58), additional vital statistics of infants and mothers have been recorded and the former Tables I and III recast into an enlarged Table I.

TABLE I
BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

		<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	Legitimate	83	99	182
	Illegitimate	6	2	8
	Total	89	101	190
Crude Live Birth rate per 1,000 population ..				17.1
* Comparability Factor for Births				1.14
Adjusted Live Birth Rate				18.5
		<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	Legitimate	1	1	2
	Illegitimate	0	1	1
	Total	1	2	3
Total Live and Still Births		90	103	193
Still Births, rate per 1,000 Live and Still Births				0.27
		<u>Male</u>	<u>Female</u>	<u>Total</u>
Infant Deaths	Legitimate	1	3	4
	Illegitimate	1	0	1
	Total	2	3	5

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Infant Mortality rate per 1,000 Live Births			
Legitimate [‡]	21
Illegitimate [‡]	5.3
Total	26.3

For Comparison: I.M.R. England & Wales
1958 22.5.
I.M.R. Wiltshire, 1957 18.6

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Neo Natal (In first four weeks) Deaths			
Legitimate	1	3	4
Illegitimate	0	0	0
Total	1	3	4
Neo Natal Mortality Rate .. .. .	..	..	21
Illegitimate Live Births per cent of Total			
Live Births ..	..	..	4.4
Maternal Deaths (including Abortion) .. ..	..	..	0
Maternal Mortality Rate per 1,000 Live and Still Births .. ..	..	..	0

‡ Legitimate I.M.R. = $\frac{\text{Leg. deaths under 1 year}}{\text{Leg. live births}}$

‡ Illegitimate I.M.R. = $\frac{\text{Illeg. deaths under 1 year}}{\text{Illeg. live births}}$

≡ Comparability Factor for Births

(This compensates for age and sex distribution of the local population so that the adjusted birth rate can be compared with the rate for England and Wales, and with similarly adjusted birth rates in other areas)

Comment

The Registrar Generals estimate of mid-year population of the Rural District shows a very slight fall, but the birth rate has risen sharply. The five previous years' "adjusted" birth rates were (1953) 19.3, (1954) 18.8, (1955) 15.6, (1956) 17.3, and 16.5 for 1957, as compared with 18.5 for 1958. The Infant Mortality Rate is three times as much as last year, but is still lower than the national average. But the relatively small numbers of births and deaths in a small population makes the calculated rate subject to a big chance factor. Each single death makes a difference of 6 in the I.M.R.

TABLE II
DEATHS AND DEATH RATES

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number of Deaths	70	46	116
Crude Death Rate per 1,000 population .. .. .	..	..	10.4
Comparability Factor for Deaths .. .. .	..	..	0.85

Comment

This factor, being substantially less than unity, indicates that the age distribution of the local population is more elderly than that of the country as a whole. Its application makes the local "crude" rate comparable with that of the country, and with similarly adjusted rates from other localities.

Death Rate as adjusted by Comparability Factor	8.8
Death Rate for England and Wales for comparison	11.7
Death Rate for Wiltshire (adjusted) (previous year)	9.7

Comment

Both the "crude" and "adjusted" Death Rates for the Rural District are slightly raised, (all on the male side). But the adjusted rate is still lower than the national figure this year. Last year's local figure (adjusted) was 8.3.

NATURAL INCREASE

Increase of Live Births over deaths for the year	74
Rate of Natural Increase, per 1,000 of Population	6.7

TABLE III

Certain "Specific" Death rates in Inverse "Health Index" Value
(Rates per 1,000 population, except for maternal rate)

(1) Deaths due to Tuberculosis (all forms) (both sexes) ..	1
Tuberculosis Death Rate	0.09
Deaths due to Respiratory Tuberculosis	1
Respiratory Tuberculosis Death Rate	0.09
Previous year's Respiratory Tuberculosis Death Rate, England and Wales, for comparison	0.1
(2) Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	0
Maternal Mortality Rate - per 1,000 live and still births	0
Previous year's Maternal Mortality Rate (Childbirth, Abortion, Pregnancy) Wiltshire for comparison	0

	Male	Female	Total	Rate per 1,000
Brought forward	0	1	1	0.09
5. Whooping Cough	0	0	0	0
6. Meningococcal Infections	0	0	0	0
7. Poliomyelitis	0	0	0	0
8. Measles	0	0	0	0
9. Other Infectious and Parasitic Diseases (other than Influenza and Pneumonia)	0	0	0	0
Total Group A	0	1	1	0.09
Group B - Cancer and related Malignant Diseases				
10. Malignant Neoplasm - Stomach	2	2	4	0.63
11. Lung or Bronchus	7	0	7	
12. Breast	0	1	1	
13. Uterus	0	0	0	
14. Other Malignant or Lymphatic Neoplasm	10	5	15	
15. Leukaemia or Aleukaemia	0	0	0	
Total Group B	19	8	27	2.4
Group C - Diabetes				
16. Diabetes	0	0	0	0
Group D - Heart and Other Diseases of Circulatory System				
17. Vascular Lesions of Nervous System	9	7	16	
18. Coronary Disease or Angina	14	4	18	
19. Hypertension with Heart Disease	0	0	0	
20. Other Heart Diseases	10	12	22	
21. Other Circulatory Diseases	2	2	4	
Total Group D	35	25	60	5.4

Group E - Respiratory Disease (Other than Tuberculosis)				Male	Female	Total	Rate per 1,000
22. Influenza	..	..	..	0	1	1	
23. Pneumonia	..	..	..	1	3	4	
24. Bronchitis	..	..	..	3	2	5	
25. Other Diseases of Respiratory System	..	..	..	1	0	1	
Total Group E				5	6	11	0.9
Group F - Miscellaneous							
26. Ulcer of Stomach and Duodenum				1	0	1	
27. Gastritis, Enteritis and Diarrhoea				0	1	1	
28. Nephritis and Nephrosis	..			0	2	2	
29. Hyperplasia of prostate	..			1	0	1	
30. Pregnancy, Childbirth, Abortion				0	0	0	
31. Congenital Malformation	..			1	1	2	
32. Other Defined and Ill-Defined Diseases	..	..	..	6	2	8	
Total Group F				9	6	15	1.4
Group G - Accidents and Violence							
33. Motor Vehicle Accidents	..			1	0	1	
34. All other accidents	..	..		0	0	0	
35. Suicide	..	..	..	1	0	1	
36. Homicide and operations of war				0	0	0	
Total Group G				2	0	2	0.18
<hr/>							
37. ALL CAUSES	..	..	..	70	46	116	10.4
<hr/>							

Comment on Table V

Diseases of the Heart and Circulatory System, usually the most common cause of death in this district (rate 4.7 per 1,000) have increased, (back to the 1954 level of 5.4) and amount to over half the total number of deaths. They remain the greatest (and perhaps

most merciful) fatal endemic affecting the district.

Cancer and related malignant conditions have again also increased, and account for nearly a quarter of the death rate. Cancer of the lungs or bronchi has been the greatest single type of Cancer in 1955, 1956, 1957 and again in 1958, when it was entirely confined to males. This is of interest in view of the now known association between heavy smoking and lung Cancer. From the communicable diseases classed in Group A there was one death only, from Tuberculosis. There were only 2 deaths from accidents and violence. The low death rate from Tuberculosis (all forms) is comforting (even considering people suffering and perhaps disabled, from the disease, can be kept alive much longer than formerly, but also have more chance of cure), especially as only three cases of lung Tuberculosis, and none of the other forms, were notified during the year.

The other groups of causes of death remain much the same as last year.

Lung Cancer

The increasing prominence of this cause^{of death}, in males, evokes this note :

In 1957 I submitted a special report on Lung Cancer and Tobacco Smoking and I referred to this, and to a table of statistics for Wiltshire, prepared by the County M.O.H., Dr. C. D. L. Lycett, in my Annual Report. What was said then still stands, with further evidence to support it.

(Please see Page 18, Section 7, of 1957 Annual Report)

Red Herrings, in the shape of efforts to explain the increase in Lung Cancer over recent years by means other than tobacco smoking have been dragged across the trail. Among these red herrings, diesel engine fumes and smog are prominent, also improved diagnostic facilities making lung cancer more easily (and therefore more frequently) discovered. The latter, however, overlooks the fact that deaths, rather than morbidity (non-fatal disease) are the subject of the statistics, and that post mortem examinations for these deaths are usual. It was as easy to diagnose bronchial cancer at a post mortem examination twenty years ago as it is now.

This and the other Red Herrings also do not account for the fact that lung cancer has increased far more in men than in women. My colleague, Dr. Hector, Mackenzie Wintle, M.O.H. of the South Oxfordshire Combined Districts, has done much to expose the very small influence of these "red herring" causes of lung cancer, relative to the big influence of tobacco smoking.

The big sex difference may not last much longer. It is probably due to women smoking much less than men 20 to 30 years ago. Women began to smoke increasingly from 1925 onward, as Dr. Horace Joules, F.R.C.P., Physician and Medical Director of the Central Middlesex Hospital, writing in "The Tuberculosis Bulletin" in December 1957, pointed out, with the

warning that we may now, thirty years or so after the women's smoking habit accelerated, begin to see female mortality from lung cancer approach towards the male.

In July 1957 I began the practice of following up every death in which a primary (but not a secondary) cancer of a bronchus (the larger air tubes in the lung) is mentioned on the death certificate, which reaches me in due course. The nearest relative (usually the widow) has been visited and her co-operation sought (and invariably most readily given), in ascertaining the victim's former smoking habits. Up to date (July 1959) out of 21 cases investigated, all except four have been very heavy smokers. All were men except one, and she was a moderate smoker (5-9 cigarettes a day). Of the other three, men, two were moderate and one a very light smoker.

I would join Dr. Mackenzie Wintle in his belief that here "is an opportunity, unparalleled since the introduction of Diphtheria Immunisation, for Preventive Medicine to save lives", and I would go further, in adding "and to reduce the physical and mental stress to the sufferers from bronchitis, and those who have to bear their chronic coughing and hawking in their homes or work places". The loss to the family budget of about £70 a year for every 10 cigarettes smoked daily is another factor of great public health importance.

COMMUNICABLE DISEASES

A. Prevention of Communicable Diseases

The measure of the extent to which people are immunised against communicable diseases in a district has become one of the "indices" of the health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases, which number increases every few years. As long as this method of protection against specific communicable diseases is not allowed to obscure the wider, general measures for the promotion of health - good nutrition, housing, education, interesting occupation and creative use of leisure time - its gradual development and multiplication is all the good. The longest established, and, so far, most proven successful and lasting, artificial immunisations are those against smallpox and diphtheria. In more recent years protection against whooping cough (partial) and against poliomyelitis have been accepted as normal practice. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme for protection against these four diseases. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, the other immunisations either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at school or village halls. Poliomyelitis immunisation, using parenteral inoculation, begun during 1956,

was greatly increased during 1956 and 1957, most of these inoculations being done by County Council Medical Staff, including myself, though latterly certain General Medical Practitioners have also been partaking. In this area, all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria, smallpox, whooping cough and poliomyelitis in the district.

TABLE V - IMMUNISATION STATISTICS

IMMUNISATION STATISTICS
(A & B) DIPHTHERIA AND WHOOPING COUGH

Age Group		Under 1	1	2	3	4	5-9	10-14	Total Under 15
Primary imms. completed during 1958	Diph.	120	9	-	5	-	2	-	136
	Wh/c.	116	7	-	4	-	-	-	127
Reinf. injs. administered during 1958	Diph.	-	6	-	34	-	91	1	132
	Wh/c.	-	6	-	27	-	5	-	38
Total immunised child population at 31st Dec.1958	Pre 1.1.54	-	-	-	-	-	214	656	870
	Post 1.1.54	67	106	130	139	106	634	219	1,401

(C) SMALLPOX

Age Group	Under 1	1	2-4	5-14	15 or over
Immunisations	110	2	2	4	1
Re-Immunisations	-	-	2	7	18

(D) POLIOMYELITIS

	All Ages
Partially Immunised (2 injections to date)	682
Three Injections	97

Comment

The precise number of children under 15 years old in the district is not known (except at census times) but in a population of average age-distribution and average birth and death rates, we must expect population, of age birth to 14 full years (under fifteen) of about one-fifth or 20% of the total "all age" population. Mere and Tisbury Rural District usually has a slightly higher birth rate and lower death rate than the national average so one can safely assume that at least one-fifth of the total estimated population of 11,230 are children under 15. On the basis of this estimate there would be a least 2,250 children under 15 in the district and the total of 2,271 children under 15 immunised against diphtheria at some time is therefore excellent. A proportion of these are also immunised against whooping cough. But an insufficient proportion of children were immunised against diphtheria during their first year of life, as in previous years, 120 children as compared with 190 births. Some of the family doctors in this District are combining tetanus immunisations with the whooping cough and diphtheria. This is desirable, particularly in an agricultural, pastoral environment, but it is not yet available at the County Council clinics.

Table V shows up a poor position in regard to smallpox immunisation (so-called "Vaccination") for though 117 children under age 1 were immunised the total "Vaccinations" and re-"Vaccinations", added together for all other ages, only amounted to 47. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox, as recorded in recent years, in this District is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply to entry into most countries, were put into force for entry into Great Britain.

B Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

The year was remarkable for an extremely low incidence of all kinds of notifiable disease, except for measles, with no cases of notifiable "food poisoning".

This year there were six notified cases of Tuberculosis (³respiratory) during the year, so the notification rate of 0.4⁵ per 1,000 ~~has risen from~~ ^{remains the} 0.1 per 1,000 last year.
Same as for

TABLE VI
 NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

1. <u>Tuberculosis</u>	Sub	Total (main disease)	Group Total
(a) Respiratory	3		
(b) Meninges and Nervous system ..	0		
(c) Other Forms	3		
(d) Group total			6
<hr/>			
2. <u>Other Respiratory Notifiable Diseases</u>			
(a) Whooping Cough		35	
(b) Pneumonia Acute		10	
(c) Group Total			45
<hr/>			
3. <u>Diphtheria</u>		0	0
<hr/>			
4. <u>Meningococcal Infection</u>		0	0
<hr/>			
5. <u>Virus Diseases of Nervous System</u>			
(a) Poliomyelitis - Paralytic ..	0		
(b) Poliomyelitis - Non-Paralytic	0		
(c) " - Total		0	
(d) Encephalitis - Infective ..	0		
(e) Encephalitis - Post-Infectious	0		
(f) " - Total		0	
(g) Group Total			0
<hr/>			
6. <u>Other Notifiable Virus Diseases</u>			
(a) Measles (excluding Rubella) ..		331	
(b) Smallpox		0	
(c) Group Total			331
<hr/>			

					Sub	Main Disease	Group Total
7.	<u>Alimentary Infection or Poisons</u>						
	(a)	Dysentery	-	Bacterial	.. ..	0	
	(b)	Dysentery	-	Other	.. ..	0	
	(c)	"	-	Total	.. ..	0	
	(d)	Typhoid	Fever		.. ..	0	
	(e)	Paratyphoid	Fever		.. ..	0	
	(f)	Food	Poisoning		.. ..	0	
	(g)	Group	Total		.. ..		0
<hr/>							
8.	<u>Streptococcal Group</u>						
	(a)	Scarlet	Fever		.. ..	3	
	(b)	Erysipelas			.. ..	1	
	(c)	Group	Total		.. ..		4
<hr/>							
9.	<u>Miscellaneous Groups</u>						
	(a)	Puerperal	Pyrexia		.. ..	2	
	(b)	Ophthalmia	Neonatorum		.. ..	0	
	(c)	Other	Notifiable	Diseases	.. ..	0	
	(d)	Group	Total		.. ..		2
<hr/>							
10.	<u>All "Notifiable Diseases"</u>				Total		388

Comment

It is important to note that certain common communicable diseases such as influenza, rubella and mumps and also venereal disease are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

Measles was very prevalent during the year, but fortunately the cases were generally mild and uncomplicated. The reduction of the annual total of new Tuberculous cases notified to only ~~three~~ ^{six} is very welcome.

TABLE VI (a)
FOOD POISONING
ANNUAL RETURN OF FOOD POISONING

(Salmonella Infections that are not considered to be food borne are not included under items (2), (3) or (4), but are shown separately under item (5)).

2. (a) FOOD POISONING NOTIFICATIONS (Corrected) AS RETURNED TO REGISTRAR

GENERAL

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

(b) CASES OTHERWISE ASCERTAINED

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

(c) SYMPTOMLESS EXCRETORS

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

Note: Symptomless excretors should not be regarded as cases and any notification of a symptomless excreter should be corrected. The numbers for each quarter or the yearly total alone, if more convenient, may at the Authority's discretion, be entered here.

(d) FATAL CASES

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
0	0	0	0	0

3. PARTICULARS OF OUTBREAKS

Agent	No. of outbreaks		No. of Cases		Total No. of Cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified:					
(a) Chemical Poisons (Type to be stated)					
(b) Salmonella (Type to be stated)					
(c) Staphylococci (including toxin)	NIL	NIL	NIL	NIL	NIL
(d) Cl. botulinum					
(e) Cl. welchii					
(f) Other bacteria (to be named)					
Totals	0	0	0	0	0
Agent not identified	0	0	0	0	0

4. SINGLE CASES

AGENT	No. of Cases		Total No. of Cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical Poisons (type to be stated)			
(b) Salmonella (type to be stated)			
(c) Staphylococci (including toxin)		NIL	
(d) Cl. botulinum			
(e) Cl. welchii			
(f) Other bacteria (to be named)			
Totals			
Agent not identified	0	0	0

5. SALMONELLA INFECTIONS, NOT FOOD-BORNE

Salmonella type	Outbreaks		No. of cases (outbreaks)	Single cases	Total No. of cases (outbreaks and single cases)
	Family	Other			
			NIL		
Totals	0	0	0	0	0

Comment

This Table is a return required by the Ministries of Health, and of Agriculture, Fisheries and Food, so is included in this Report in spite of it being, very happily, a "nil" return. There were only 2 known, notified, cases of "Food Poisoning" during 1955 and none in 1956 and 1957.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other personal Health Services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service, with its specialised appendages such as Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-Care" service, which is largely concerned with tuberculous people, their families and other contacts, and with "Chronic Sick" and aged people, outside hospitals.

Since 1954, your Medical Officer of Health, who had not previously been associated with these services, now spends nearly half his time working for the County Council, principally with the School Health Services at Child Health Clinics and at Immunisation Clinics, also undertaking a considerable amount of mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

In the Mere and Tisbury Rural District, most of the Medical Officers of the Maternity and Child Health Clinics are General Medical Practitioners working sessionally, but I attend the clinic at East Knoyle, with Miss M. Coleman, Health Visitor, and I should like to pay special tribute to the wonderful voluntary help given to the clinic throughout the year, by Miss Green (Hon. Secretary), Mrs. Barnes, as baker of delectable cakes, and a large group of other ladies attending on a rota basis, so that there is always one available for issuing Welfare Foods, and two others to deal with the registers.

Handicapped Children

The School Health care, and special educational needs, of handicapped children also comes under the Wiltshire School Health Services.

School Premises

The hygiene of School Premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements, for improving hygienic conditions, were made during the year, special attention being paid to the dish and utensil washing facilities in the services for school meals.

The coming into operation at the end of 1955 of the Food Hygiene Regulations 1955 brought about considerable improvement in these meal facilities, and set new standards of conduct for personnel. New schools on larger sites are urgently needed to replace the old secondary modern schools at Mere and at Tisbury, and I am glad to hear of the proposal to start building the new school at Tisbury next year.

Handicapped Adults

The care of handicapped adults, including the blind and deaf, and of old people comes under the County Council services. But the Local Authority has certain powers in regard to old people, under Section 47 of the National Assistance Act, 1948, and the Local Authority has also delegated some of its power, as permitted by the National Assistance (Amendment) Act, 1951, to the Medical Officer of Health, to act on his own authority in emergency, for a period of up to one month's detention.

The Medical Officer of Health saw a number of old people, to a greater or less extent needing "care and attention" with a view to action under the Act. In each case, however, removal to an institution was either unnecessary, or if necessary, was arranged for voluntarily, either by the person applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital.

In some cases, representations to the hospital admission authorities by the Medical Officer of Health, indicating that he would have had to obtain a magistrate's order for the patient's admission, but that the patient agreed to go voluntarily, resulted in a bed being given by the hospital, when previously the General Medical Practitioner had been unable to obtain one.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

This is still probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, a water supply containing the necessary impurities for promoting health but free from harmful bacteria and other agents, safe (and preferably, not wasteful) disposal of body wastes, refuse collection and disposal, control of flies, mosquitoes and other insects, mice, rats and other pests and vermin, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared or consumed, including school

and other canteens, public restaurants, hotels and public houses. Avoidance of certain adverse habits, such as excessive tobacco smoking or chronic alcoholism, is also important.

Some of these matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. H. Sharratt, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the report.

1. Housing

As stated in previous reports, within the limits of climate, geography and type of locality, (e.g. agricultural as opposed to industrial or metropolitan areas) probably no other single environmental influence is as important to mental and physical health as good housing. Bad housing, or lack of housing accommodation, overcrowding, living with "in-laws", adjacent to noisy neighbours, over and over again seem to be at the back of people's worries, domestic or occupational, much of which could be alleviated with corresponding improvement to mind and body, if their housing problems could be solved by more people. The extent of the housing problem cannot be measured by the size of the Local Authority's waiting list of applicants for Council Houses or apartments ("flats"), though these are big enough. Many people are living in unsuitable accommodation who have not applied for Council Housing, but at the end of the year there were still 166 actual applications for Council housing on the waiting list, a decrease of 50 as compared with the end of 1957. This is actually the first year of my period of service as M.O.H. that has not ended with an increase in the waiting list for Council homes.

Overcrowding of the countryside and loss of agricultural land

Please see my Report for 1957, Page 14, Section 1. These observations still apply.

The number of houses in this Rural District slightly increased during the year, for there were at the end of the year 3,740 inhabited houses, an increase of 29 over the 3,713 at the end of 1957. But with every increase of one or two storeyed housing development there is a corresponding encroachment upon Great Britain's relatively small proportion of agricultural land. It is to be hoped that this matter will be regarded in a national, if not an international, light. It does not appear to be very serious yet in the Mere and Tisbury Rural District, but in so far as this Rural District can help to deal with the national problem it is again recommended that the Council will consider a policy of building upwards.

Improvement Grants

I am very glad to record the Council's decision towards the end of the year to resume making Improvement Grants, temporarily suspended at the end

of 1957. This financial measure has a great public health value and is an example of the close connection between government Finance and Public Health.

Special Housing Needs of Old People

I would like to draw special attention to the remarks of the Chief Public Health Inspector later in this report. Having seen on several occasions the admirable special provision for old people in the Sturminster Rural District, I commend that Council's scheme as an example which has been working well for a decade.

2. Water Supplies

Out of the 3,740 inhabited houses, 2,296 had, at the end of the year, a piped supply to the house itself, another 53 having a supply to a "standpipe" nearby only. The position is steadily improving as the Council's Comprehensive Water Supply Scheme to cover the District is gradually implemented. So far, only fifteen of the twenty six parishes have fully available water supplied by the Rural District Council.

As regards quality, the results of sampling and bacteriological analyses of the public supplies were all good. Details are set out in the report of the Chief Public Health Inspector. Of the private supplies or sources sampled, a quarter were unsatisfactory for drinking without boiling or other treatment.

Chemical analysis of the water from the main source of the Comprehensive Supply at Burton Fields, Mere, while otherwise good, showed that the Fluoride Content of the water is low - varying from 0.08 to 0.6 parts per million, averaging 0.1 part per million, which is only one-tenth of the desirable 1 part per million for promoting the growth of strong, decay-resisting teeth in the formative phases. The fluoride content of the source of the Maiden Bradley (Duke of Somerset's) supply which the Council is buying is much the same as that of the Burton Field source.

Details of chemical, and particularly fluoride, contents of various waters are given in the chemical analysis tables set out in the report of the Chief Public Health Inspector.

Under the Comprehensive Scheme, the Burton Fields Source will become the main, indeed, the sole, source for the whole Rural District except for the Maiden Bradley source about to be acquired. It will also supply parts of adjacent districts. Small Parish supplies will be abandoned, but among the latter, three parishes, Berwick St. John, East Knoyle (Public Supply portion) and Donhead St. Mary have shown fluoride analyses approximate to the optimum of 1 part fluoride per million water. In these areas, the children's teeth have shown a superior quality

(as reported in my 1956 Report). Fortification of the Mere and Maiden Bradley regional sources with extra fluoride salt to bring it up to the quality, for dental purposes, of the three supplies mentioned could be a simple matter, at a cost of probably under 6d. per head per annum, but at present the Ministry of Housing and Local Government are not actively encouraging Water Authorities to supplement insufficient fluoride content of drinking waters until it can demonstrate the value of this procedure, proven in Canada, the U.S.A. and New Zealand, also in this country, at Watford, Kilmarnock and Anglesey County. The British Medical Association, the British Dental Association, the Society of Medical Officers of Health, the Canadian Medical Association, the American Medical Association and the World Health Organisation, support this measure. I believe that there is no public health measure which would do more to improve dental, and therefore general, health, so quickly and so cheaply, as enriching fluoride-weak drinking waters.

3. Drainage and Sewerage

Among the five public sewerage systems maintained by the Council, those at Hindon and Zeals were working well, those at Mere, Tisbury and East Knoyle were inadequate and unsatisfactory. Reconstruction of both Mere and East Knoyle plants is urgently necessary. The new sewage works at Tisbury were nearly completed by the end of the year. They will be capable of serving a population of 2,000. The community of Tucking Mill, in West Tisbury, has been sewered and will drain through Tisbury to the new works east of Tisbury. A fuller description of the new works is given by the Chief Public Health Inspector in his section of this Report.

Negotiations for taking over the private Sewerage Scheme at Maiden Bradley are still in progress. There are small schemes serving a few houses at Berwick St. John and at the United Dairies Depot at Semley, also numerous small sewerage plants serving groups of Council homes in otherwise unsewered areas.

But the most urgent sewerage need in the District is to replace the ancient and grossly over loaded and inefficient Mere sewerage Disposal works. The fault of these works is not primarily as a nuisance, but as a polluter of the little River Shreen which departs out of this Rural District shortly after having been mated with and impregnated by the Mere Sewage, to continue her pretty but dangerous course through the Shaftesbury Rural District, glancing at Gillingham invitingly on her way.

Elsewhere, a small proportion of homes have water closets and baths draining to septic tanks, but most homes still rely on only the unhygienic and inconvenient pail closet. These pail closets are usually outside the house, and used without any disinfecting, deodorising and fly-repelling chemical. The use of a suitable chemical, even in the primitive pail closet, can greatly improve its safety and odour, also reduce the fly nuisance, though, of course, it cannot compare with the convenience of an inside water closet, placed in a bathroom, or if in a separate compartment, with a washbasin in the same compartment.

Drainage into Streams

Several cases of pollution by house drainage (mainly sullage water) of small village streams caused trouble, particularly when the weather was hot and dry, and there was little or no natural flow in the water courses for flushing. Action has been taken to reduce this nuisance at Chilmark, and also at Teffont, although in the latter case with its clear, rapidly flowing stream, there is no question of stagnation, except on rare occasions when dislodged weeds obstruct a bridge at the North end of Teffont Magna.

4. Refuse Collection and Disposal

Arrangements for disposal places are described in the Chief Public Health Inspector's section of the Report.

A substantial income from salvaged refuse is now obtained. During the year £536. 10s. 10d. was obtained from sale of waste paper, and £82. 0s. 1d. from scrap metal, making a total for salvage of £618. 10s. 11d.

5. Food Hygiene

Work under the "Clean Food" campaign has been minimal during the year, but it is hoped to develop this important work next year.

Milk: Milk supplies have been generally quite satisfactory during the year. Sampling of milks for analyses by three methods was continued during the year.

The methods were :-

- (1) "Methylene Blue Test", for general cleanness and keeping quality, for which there was one failure out of 19 samples analysed.
- (2) "Phosphatase Test", for adequacy of heat treatment of "pasteurised" milk, for which there was one failure among 12 samples analysed.
- (3) "Biological Test", which consists of inoculation of a guinea pig, and its subsequent examination after a five or six weeks interval for signs of either tuberculosis or brucellosis. Out of a total of 5 samples taken for biological test, all were negative for tuberculosis and all negative for brucellosis.

All the analyses on these milks were carried out at the Public Health laboratory attached to the Salisbury General Infirmary Pathological Department.

Ice Cream, etc.: In regard to other foods, and pursuit of the "clean food campaign," comments will be formed in the report of the Chief Public Health Inspector. Concerning Ice Cream, however, although the bacteriological safety and hygienic storage conditions are good, it is sad to note how the eating quality of most commercially sold ice cream, which deteriorated in war years, has never recovered.

6. Clean Air

The Clean Air Act contains valuable provisions to enable Local (Air) Authorities to improve the quality of the air within their districts. Fortunately, the Mere and Tisbury Rural District has virtually no problem concerning its air; but the provisions of the Act, and any bye-laws made by the Council under the Act, will enable the Council to prevent future pollution. Periodical observations of the type and amount of smoke from the few factory chimneys are made, and no action has been necessary.

7. Meat Inspection

The work done during the year is set out in the report of the Chief Public Health Inspector. The volume of slaughtering within the District is not great at present. But the possible advent of an astronomic increase in bird slaughtering, if the "broiler industry" develops substantially in this District, might bring too heavy a burden on the present Public Health Inspector staff. However, the additional Public Health Inspector, Mr. Pickup, is working for qualifications as a Meat Inspector, and I anticipate he will be successful next year.

8. Swimming Facilities

Although there are lakes within the District, the rivers are too small or unsafe to provide very satisfactory swimming, especially for learning to swim. A good swimming pool is available outside the District at Frome, and less good ones at Salisbury and Shaftesbury. It is unfortunate that there is no good place for teaching swimming within the Rural District, but I am very glad to know that there is a good prospect of having a swimming pool at Tisbury by 1960, to be situated in the grounds of the proposed new Secondary Modern School, but sponsored by the Tisbury Swimming Pool Society. I have seen the plans of this new pool, which will include a proper continuous filtration and chlorination plant, through the courtesy of my colleague, Dr. Denis B. Kennedy, of Tisbury, to whom our thanks are due for the great amount of hard work and enthusiasm he has given to this cause.

I am also very glad to hear from the County Medical Officer of Health and Principal School Medical Officer that a recommendation has been made to the Wiltshire Education Committee that all children should be taught the Holger Neilson method of artificial respiration.

F. J. G. LISHMAN

6th August, 1959

MERE AND TISBURY RURAL DISTRICT COUNCIL
ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Showing Sanitary Circumstances of the Area for
the Year Ended 31st December, 1958

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report of the work carried out by the Public Health Department of the Council for the year 1958.

H. SHARRATT

Chief Public Health Inspector

GENERAL INFORMATION

The Mere and Tisbury Rural District comprises twenty six parishes. The two larger parishes of Mere and Tisbury are urban in character. The Council Offices are at Bramley House, Mere, Warminster, Wiltshire. Tel: Mere 341.

SANITARY INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections	re: Water Supply	..	..	..	..	58
"	"	"	re: Drainage and/or Sanitary			
			Accommodation	..	..	264
"	"	"	re: Moveable Dwellings (Sec.269)	..		26
"	"	"	re: Infectious Diseases	..	..	18
"	"	"	under Factories Act	..	..	36
"	"	"	re: Verminous or filthy premises	..	..	8
"	"	"	re: Miscellaneous Complaints	..	..	126
"	"	"	to take Water Samples	..	..	27
"	"	"	re: Aged and Infirm Persons	..	..	9

HOUSING

Housing conditions continue to improve within the District with further Council Houses provided and improvements being effected in older properties, in many instances with Grant Aid.

The need now is for more accommodation for old people who are finding difficulty in maintaining the larger houses. The Council are examining this problem closely and it is hoped that work will shortly commence on bungalows for this growing section of the community.

One of the larger houses within the District has been adapted by the Mutual Households Association Ltd., for retired persons and 32 flats provided.

Modernisation of the Council's pre-war houses has been commenced and 32 of the first programme of 68 have been completed with the provision of hot water supply, improved cooking facilities and more convenient kitchens.

Work under the Slum Clearance Programme continued steadily with its attendant re-housing of displaced families.

HOUSING STATISTICS FOR 1958

1. Number of permanent dwellings in district at end of year	3792
2. Number of permanent dwellings in district owned by local authority	609
3. Number of applications for Council houses at end of year	166
4. Inspection of dwellings during year:	
(i) Inspected for housing defects under Public Health Acts	32
(ii) Inspected for housing defects under Housing Acts	57
(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation	3
(iv) Number of dwellings found not to be in all respects reasonably fit for habitation	62
5. Number of dwellings rendered fit in consequence of Informal Action	45
6. Action under Statutory Powers :	
A. Proceedings under Sections 9,10,12 Housing Act, 1957 :	
(i) Number of dwellings in respect of which notices were served requiring defects to be remedied	Nil
(ii) Number of dwellings rendered fit after service of formal notices :-	
(a) By Owners	Nil
(b) By Local Authority in default of owners	Nil

B. Proceedings under Public Health Acts:

- (i) Number of dwellings in respect of which formal notices were served Nil
- (ii) Number of dwellings rendered fit after service of formal notices:-
 - (a) By Owners Nil
 - (b) By Local Authority in default of Owners Nil

C. Proceedings under Section 11 Housing Act, 1936, and Section 16 Housing Act, 1957 :

- (i) Number of Demolition Orders made 2
- (ii) Number of Houses demolished as result of Demolition Orders Nil
- (iii) Number of undertakings accepted 3
- (iv) Number of undertakings completed 1

D. Proceedings under Sections 42, 43, 46, 48 Housing Act, 1957:

- (i) Number of houses in clearance areas upon which Demolition Orders were made Nil
- (ii) Number of houses demolished as result of Demolition Orders Nil
- (iii) Number of houses in clearance areas which have been retained as temporary accommodation Nil

E. Proceedings under Sections 17, 18, 27 Housing Act, 1957:

- (i) Number of dwellings where Closing Orders were made Nil
- (ii) Number of dwellings closed as result of Closing Orders or undertakings by owners 19
- (iii) Number of dwellings where Closing Orders were cancelled in consequence of premises being made fit Nil

F. Proceedings under Section 76 Housing Act, 1957:

- (i) Number of cases of overcrowded dwellings at end of year 2
- (ii) Number of cases discovered during year 4
- (iii) Number of cases abated during year 2

7. Houses erected or converted during year :

1st January, 1958 to 31st December, 1958	Houses erected during year		Gained from con- version of large houses or build- ings into flats or dwellings	Lost from conversion of two or more houses to one.
	Slum Clearance	Other Purposes		
Local Authority	34	38	0	0
Private Enterprise	0	7	32	6
Totals	34	45	32	6

IMPROVEMENT GRANTS

The Council re-commenced the issuing of Grants during the year after a lapse of 11 months

IMPROVEMENT GRANTS MADE UNDER THE HOUSING (FINANCIAL PROVISIONS) ACT, 1958

Number of applications and houses dealt with by Local Authority :-

	(1)	(2)	(3)	(4)	(5)
	Received	Approved	Rejected	Under consider- ation	Withdrawn
	No. of Apps. Houses	No. of Apps. Houses	No. of Apps. Houses	No. of Apps. Houses	No. of Apps. Houses
1st Jan.1958 to 31st Dec.1958	16 49	16 49	Nil Nil	Nil Nil	1 1

Number of houses improved as result of Grants: 48

	No. of Grants made by Local Authority	Cost of grants made	No. of houses improved includ- ing new houses brought into use by conversion
1st January, 1958 to 31st December, 1958	48	£8,216.	48

Number of applications in respect of owners occupiers	6
Average cost per dwelling approved	£171
Average amount of grant payable by Local Authority	36.2%

RENT ACT, 1957

Since the Act came into operation on the 6th July, 1957 two applications have been made for Certificates of Disrepair and in both cases repairs were carried out without the Council issuing Certificates.

Many queries were made taking up a considerable amount of time in giving general advice on procedure.

NUISANCES

Public Health Acts

Complaints investigated	64
Number of Informal Notices served during the year	15
Number of Informal Notices complied with	10

RODENT CONTROL

The recommendation of the Arton Wilson Committee that a review of the State Rat and Mouse Destruction Service should take place has been implemented and the contract service formerly operated by Agricultural Executive Committees has been run down.

It has been found that the personnel formerly employed by the State Service have set up as private firms and are handling most of the farm contracts.

Regular sewer baiting has shown satisfactory results - only one small infestation occurring on an old section of Tisbury sewers.

Number of Properties inspected by the Local Authority during 1958 :-

	Local Authority	Domestic	General Business	Farm
No. of Properties Surveyed	9	420	62	45
No. of Inspections made	45	660	72	45
Treatments Carried Out	6	79	25	Nil
Notices served under Sec.4	Nil	Nil	Nil	Nil

WATER SUPPLY

The Comprehensive Water Scheme is proceeding towards completion.

Discussion on the formation of a Water Board to cover Mere and Tisbury Rural District, Shaftesbury Rural District, Shaftesbury Borough, Warminster and Westbury Rural District, Warminster Urban District, Bradford and Melksham Rural District, Westbury Urban District, Trowbridge Urban District and Melksham Urban District continued.

It is proposed to take over the Maiden Bradley Estate Water Supply on the 1st April, 1959.

Number of houses supplied from Public sources in villages :-

PARISH	DIRECT		BY STANDPIPE	
	No. of Houses	Population (approx)	No. of Houses	Population
Mere	656	2250	-	-
Zeals	114	329	-	-
West Knoyle	40	130	-	-
Sedgehill	23	120	-	-
Hindon	170	490	8	22
Chilmark	101	302	5	12
Tisbury	497	1670	-	-
Teffont	51	149	40	90
Swallowcliffe	29	97	-	-
Donheads	377	989	-	-
Sutton Mandeville	8	21	-	-
Berwick St. John	94	285	-	-
East Knoyle	116	348	-	-
	<u>2276</u>	<u>7180</u>	<u>53</u>	<u>124</u>

The following data dealing with Bacteriological Analysis is submitted in accordance with Circular 13/47 Ministry of Health.

ANALYSES OF WATER SUPPLIES (BACTERIOLOGICAL)

(a) Public Supplies

Parish	No. of samples taken	No. satisfactory	No. unsatisfactory
Mere	4	4	-
Tisbury	4	4	-
Donhead	4	4	-
Berwick St. John	6	6	-
East Knoyle	4	4	-
Teffont	5	5	-

(b) Private Sources

Number of samples taken during year	23
Number satisfactory	17
Number unsatisfactory	6

Necessary action was taken to trace the source of pollution, chlorination and cleaning out of the wells being carried out where considered necessary.

ANALYSES OF WATER SUPPLIES (CHEMICAL)

Chemical Analyses were taken from the Maiden Bradley Source and from the Mere Source at Burton Fields. Both showed moderately hard water, organically pure.

	Maiden Bradley Source <u>31st March, 1958</u>	Mere Public Supply Burton Fields <u>31st March, 1958</u>
Appearance:	Clear and colourless	Clear and colourless
Taste:	Nil	Nil
Smell:	Extremely faint earthy smell	Nil

General Chemical Examination

Reaction pH	7.3	7.4
	<u>P a r t s</u>	<u>per m i l l i o n</u>
Free Carbon Dioxide CO ₂	13	15
Ammoniacal Nitrogen, as N	0.005	Less than 0.003
Albuminoid Nitrogen, as N	0.013	0.005
Nitrous Nitrogen, s N	Nil	Nil
Nitric Nitrogen, as N	4.1	2.7
Hardness at CaCO ₃ Temporary	174	223
(E.D.T.A. Test) Permanent	<u>23</u>	<u>13</u>
Total	197	236
Permanganate figure (4 hrs. 80° F.) as O	0.36	0.21
Alkalinity as CaCO ₃	174	223
Total Solids (dried at 105°C)	290	315
(after gentle ignition)	270	295

Mineral Analysis

Calcium Ca	73	89
Magnesium Mg	2	2
Sodium Na	7	6
Carbonate CO ₃	104	134
Chloride Cl	12	12
Sulphate SO ₄	18	10
Nitrate NO ₃	18	12
Iron	Less than 0.02	0.09
Copper	Less than 0.1	0.23
Lead	Less than 0.1	Less than 0.1
Fluoride	0.08	0.08

WATER SAMPLES - FLUORIDE CONTENT

Identification					Fluoride Content
Mere	..	..	..	..	0.08 (Distillation from perchloric acid)
Maiden Bradley	..	..	..	..	0.08 (" " " ")
East Knoyle	.	..	..	..	0.6 p.p.m. (Modified test)
Berwick St. John	.	..	..	..	0.8 p.p.m. (" ")
East Knoyle (Hallett's supply)					0.4 p.p.m. (" ")
Teffont	..	..	..	..	0.2 p.p.m. (" ")

WATERCRESS BEDS

10 samples were taken from watercress beds in the district following suspected Salmonella Infection. Close co-operation was received from the Public Health Laboratory at Salisbury. No organisms of Salmonella or Shigella group were isolated.

SEWERAGE AND SEWAGE DISPOSAL WORKS

Tisbury

The works to new sewers and the provision of a new Sewage Disposal Works were practically completed this year. It was also necessary to relay part of the existing system in the area of The Cross and Park Road.

The policy of providing free laterals to the boundaries of premises is showing results with an almost 100% request for connections.

Sewage from Tuckingmill is raised by an Ejector and joins the main sewers which gravitate to the Sewage Works. The sewage is then raised by three Tangye Pumps to a balancing tank at the head of the Works, gravitating through two upward flow sedimentation tanks, two percolating filters and three humus tanks. There are two storm water tanks. Final effluent discharges to the River Nadder.

One attendant works here for 4 days per week.

Hindon

These works, completed in 1954, continue to function in a satisfactory manner. The scheme is gravitational to the pumping station where sewage is lifted to high levels then gravitates through the works to final disposal by land irrigation.

An attendant works here 2 days per week with regular visits from mobile staff.

New connections to sewers Nil

Zeals

The system is an adaptation of the scheme installed for the use of Zeals Aerodrome and taken over by the Council at the end of the war. The Sewage Disposal Works are situated in the neighbouring Rural District. The works continue to function in a satisfactory manner.

New connections to sewers 3

Mere

The condition of the Mere Sewage Works remains unchanged.

New connections to sewers 2

East Knoyle

No change in the conditions

PRIVATE SCHEMES

Maiden Bradley

The proposals to take over this system remained in abeyance.

The remainder of the District relies on septic tank drainage or pail closets. The emptying of Cesspools is undertaken by Private Contractors.

No statutory action was necessary to have private tanks emptied.

PUBLIC CLEANSING

Household and Trade Refuse

The organised collection of refuse is carried out monthly in the smaller parishes and bi-monthly at Mere and Tisbury. No charge is made for trade refuse.

The collection is made by 12 cu. yard Refuse Collector manned by a Driver/Loader and a Loader. With the increased bulk of refuse and consequently more frequent trips to the dumps it is becoming increasingly difficult to maintain the existing schedule of collection and assistance in loading has to be provided in the more populated areas.

Disposal

The disposal of refuse is to dumps situated in various parts of the district, namely - Ansty, Pertwood and Maiden Bradley. Difficulty is

experienced in finding adequate quantities of soil for sealing off the tip faces and approximately 90 tons of soil was carted for this purpose.

Regular treatment to keep down Rat Infestation is carried out.

Number of loads collected	..	..	..	..	..	748
Approximate tonnage	..	..	..	..	..	1905 tons
Miles run during the year	..	..	..	..	..	12,172

SALVAGE

The Collection of salvage was improved during the year. The total collection is appended hereunder. It is unlikely that the price will be maintained at the existing level during the coming year with large stocks building up at the mills.

	Tons.	Cwts.	Qrs.	Value:	£	s.	d.
Waste paper baled	6.	5.	2.		45.	9.	10.
	5.	19.	1.		43.	4.	7.
	9.	13.	1.		70.	1.	1.
	2.	11.	1.		18.	11.	7.
	2.	8.	0.		17.	8.	0.
	3.	12.	2.		26.	5.	7.
	7.	3.	2.		52.	0.	4.
	6.	1.	3.		44.	2	8.
	5.	6.	2.		38.	12.	1.
	5.	14.	3.		41	11.	1.
	7.	10.	2.		54.	11.	1.
	5.	12.	1.		40.	13	10.
	6.	1.	1.		43.	19.	1.
	74.	0.	1.		536.	10.	10.
Scrap Metal	8.	0.	0		36.	0.	0.
Total:	82.	0.	1.		572.	10.	10

LITTER ACT, 1958

Litter Bins have been installed at various points throughout the District and are cleared by the Refuse Collectors. In common with many other Country Districts who attract holiday makers the problem of reducing litter and nuisances at lay-bys increases from year to year.

INSPECTION AND SUPERVISION OF FOOD

Food Hygiene Regulations, 1955

Number of Inspections made: 93

Number of Food Premises by type registered in the area:-

Public Houses, Hotels	..	..	..	..	..	..	..	..	37
Grocery Stores	..	..	..	..	..	..	..	..	51
Fishmongers	..	..	..	..	..	..	..	..	2
Butchers' Shops	..	..	..	..	..	..	..	..	6
Cafes	..	..	..	..	..	..	..	..	9
Hospitals and Institutions	..	..	..	..	..	..	..	..	3
Parish Halls, Clubs, Sweet Shops, etc.	..	..	..	..	..	..	..	..	17
Schools	..	..	..	..	..	..	..	..	15

Number of Food Premises registered under Section 16, Food and Drugs Act, 1955 :-

1. Preparation or Manufacture of Sausages	..	..	..	..	5
2. Sale or Preparation of Cooked Meats	..	..	..	..	15

There were no prosecutions during the year

CLEAN FOOD CAMPAIGN

During the year Food Films were obtained on loan and exhibited at the local cinemas during public performances.

This rural area is so scattered that it is extremely difficult to get the ordinary individual interested in this subject.

<u>Headings</u>	<u>Activities</u>
1. Lectures or Classes for Food tradesmen and their employees	None With the exception of verbal advice offered by the Public Health Department.
2. Exhibitions	None
3. Lectures, etc., for General Public, including local Women's organisations	Occasional lectures given under the auspices of the British Red Cross Society and Women's Institute.
4. Formation of Clean Food Guild, etc.	None.
5. Formation of Local Codes of Practice	None.

HeadingsActivities

6. Any other relevant activities

Lectures and Documentary Films on Clean Milk products and Food Hygiene are occasionally given and Food Posters are exhibited by the Public Health Department.

MILK SUPPLIES

Supplies of milk have been generally satisfactory throughout the year both in quality and quantity.

No complaints of any kind have been received from consumers.

Routine inspections are made of the milk roundsmen's vans during the course of milk delivery.

Samples taken during 1958:-

	METHYLENE BLUE		BIOLOGICAL		
	Pass	Fail	Negative	Positive Tub.	Brucella
Designated Raw Milk	7	0	5	0	0
	METHYLENE BLUE & PHOSPHATASE				
	Pass	Fail			
Pasteurised	11	1	-	-	-

It will be noted that samples of milk supplied to the public in this area were free from Tuberculosis and Brucella.

The Milk (Special Designations) (Specified Areas) No.2 Order, 1957 included the Mere and Tisbury Rural District and came into operation on the 1st October, 1958.

PREMISES REGISTERED

Producer Retailers	..	..	..	..	..	..	..	..	8
Dairies (not being Dairy Farms)	..	..	..	..	..	..	..	..	3
Distributors	..	..	..	..	..	..	..	..	8

LICENCES

Dealers Licence to use Special Designation "Tuberculin Tested"	..	5
Supplementary Licence to use Special Designation "Tuberculin Tested"	..	5
Dealers Licence to use Special Designation "Pasteurised"	.. ..	3
Supplementary Licence to use Special Designation "Pasteurised"	..	5

ICE CREAM

No Ice Cream is manufactured in the District. As in previous years supplies are obtained direct from wholesale firms and are retailed in cartons or wrappers.

No cases of illness from the consumption of this food were reported.

Premises registered for the Sale of Ice Cream 31

FOOD CONDEMNED

The undermentioned foodstuffs were condemned as unfit for human consumption :-

Tinned Meat ..	..	..	..	..	..	..	..	..	..	..	1 tin
" Soup ..	..	..	..	..	..	..	..	..	..	..	1
" Fruit .	..	..	..	..	..	..	..	..	..	..	7 tins
" Milk .	..	..	..	..	..	..	..	..	..	..	2 "
" Vegetables .	..	..	..	..	..	..	..	..	..	..	2 "

SAMPLING UNDER THE FOOD AND DRUGS ACT is carried out by the Wiltshire County Council.

MEAT INSPECTION

Private Slaughterhouses

There are two private slaughterhouses functioning in the district, licensed until 1959. The quality of meat slaughtered is of a high standard. Although private slaughterhouses are due for review in 1959, it would appear that a number of these premises, which are up to standard and efficiently managed, still serve a useful purpose in rural areas.

The Model Byelaws issued with Circular FSH/2/56 have not been adopted by this Council.

As a general rule the retail butchers obtain their main supplies from the central slaughterhouses at Salisbury and Wimborne.

Carcases Inspected and Condemned in 1958

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	116	-	55	245	124
Number inspected	116	-	55	230	124

cont'd

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
<hr/>					
All Diseases except Tuberculosis-					
Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	1	Nil	Nil	8	4

Tuberculosis Only-

Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil	Nil

Condemned meat is disposed of by burial or burning.

SLAUGHTER OF ANIMALS ACT, 1933 - 1954

Number of renewals of Licences issued to Slaughtermen: 11

Number of New Licenses issued to Slaughtermen: 1

DISEASES OF ANIMALS (WASTE FOODS) ORDER 1957

The Wiltshire County Council have delegated their functions under this Order to District Council and the Public Health Inspector is authorised to act as Inspector of the Local Authority under the 1950 Act for the purpose of executing and enforcing the provisions of the Order.

No. of premises licensed	Premises where swill is boiled for resale	Types of Boiling Plant		Breaches of Order detected
		Elect/ Gas	Coal/ Wood	
3	Nil	1	2	Nil

FOOD POISONING

No cases of Food poisoning were reported during the year.

CLEAN AIR ACT, 1956

No action was necessary during 1958 to abate air pollution.

Notices under Section 3 :-

- 1 - Change from coal to oil firing.

FACTORIES

Factories Acts, 1937 and 1948

INSPECTIONS

Premises	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities (Factories without Mechanical Power	5	8	Nil	Nil
(ii) Factories not included in (i) in which only Section 7 is enforced by the Local Authority (Factories with Mechanical Power)	36	28	Nil	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises)	Nil	Nil	Nil	Nil
Total	<u>41</u>	<u>36</u>	<u>Nil</u>	<u>Nil</u>

CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	Referred to H.M. Inspector	
Section 7 - Sanitary Conveniences De- fective	<u>1</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>0</u>
	<u>1</u>	<u>1</u>	<u>Nil</u>	<u>1</u>	<u>Nil</u>

OUTWORKERS

Section 110, Factories Act 1937

Nature of Work	No. of outworkers in August list required by Sec.110(1)(c)(3)	No. of cases of default in sending lists to the Council	No. of pros- ecutions for failure to supply lists
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WEARING APPAREL :

Making etc. Cleaning and Washing	<u>26</u>	<u>Nil</u>	<u>Nil</u>
Total	<u>26</u>	<u>Nil</u>	<u>Nil</u>

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

There are no premises requiring Licensing or Registering under the above Act.

H. SHARRATT

Chief Public Health Inspector

